

OFFICE OF ZONING AND ADMINISTRATIVE HEARINGS
MONTGOMERY COUNTY, MARYLAND
100 Maryland Avenue, Room 200
Rockville, Maryland, 20850
(240) 777-6660
{Form Revised 6-24-16}

OZAH No. CU- 17-13
Date Certified Complete _____
Date Filed 2/22/17
Hearing Date 6/16/17
Time 9:30 AM

Office of Zoning and
FEB 17 2017

APPLICATION FOR ATTACHED OR DETACHED ACCESSORY APARTMENT
CONDITIONAL USE

(Please note instructions on reverse side. Application cannot be processed unless all information is submitted)

Application is hereby made for a conditional use to allow an attached or detached accessory apartment in accordance with the 2014 Zoning Ordinance §59-3.3.3, as amended effective December 21, 2015, in Ord. No. 18-08.

Applicant(s): Helena L Tenenholtz
Hector R Gomez
First Name Middle Initial Last Name
Address: 7006 Braeburn Ct. Bethesda, MD 20817 202.536.8268 Helena's cell
Street City & Zip Code Telephone No.
htenenholtz@yahoo.com
E-mail Address

Proposed Use (Check one):

(x) Attached Accessory Apartment

() Detached Accessory Apartment

Description of Property for Proposed Use:

Address: 7006 Braeburn Ct. Bethesda, MD 20817

Lot: 17 and Block: 3, Parcel No.: NA or other description _____

Size of Property: (In acreage or square feet) 16,905 Current Zoning: R60

Number of Off-Street Parking Spaces: 0 Public water/sewer? Yes ☒ No ☐

Municipality (If applicable): Bethesda Subdivision: Bannockburn

Applicant's Present Legal Interest in Subject Property (Check one):

☒ Owner

☐ Other (describe) _____

Owner of Property (If not Applicant):

Name Owners are Applicants Address _____ Zip Code _____

Has any previous Application involving this property been made to this office, or to the Board of Appeals, by this Applicant, or by anyone else to this Applicant's knowledge? NO If so, give Case Number(s): _____

I have read the instructions on the reverse side of this form, and am filing herewith all of the required accompanying information. I hereby affirm that all of the statements and information contained in or with this Application are true and correct.

Signature of Attorney - (Please print next to signature) _____
Signature of Applicant(s) - (Please print next to signature) Helena L Tenenholtz Hector R Gomez
Feb 12, 2017 Feb 12, 2017

Address of Attorney _____

Telephone Number _____

E-mail Address _____

(OVER)

EXHIBIT NO. 2
APPLICATION NO. CU 17-13